

WRITTEN TESTIMONY OF
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Presented to
HEALTH INFORMATION TECHNOLOGY POLICY COMMITTEE
MEANINGUL USE WORKGROUP

Panel on:

Incorporating Patient-Generated Data in Meaningful Use of HIT

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Good morning Chairman Tang, Co-Chairman Hripacsak and members of the committee. My name is David Whitlinger, and I am honored to participate in today's discussion on patient/consumer engagement in their healthcare through meaningful use of health information and information sharing.

I am the Executive Director of the New York eHealth Collaborative (NYeC) which is a non-profit public/private partnership between the Department of Health and the healthcare stakeholders within the State of New York. NYeC (pronounced "nice") is the recipient of the State Healthcare Information Exchange grant for New York as well as one of the two New York Region Extension Center grants. Additionally, NYeC has significant support from the NY Department of Health through the Healthcare Efficiency and Affordably Law (HEAL). Summed up, NY has over \$150M committed over the next three years for the development of health information capabilities within the state. It is from this vantage point that I address the Committee today, and it is from this vantage point that our organization and our state anticipates the final "meaningful use" rulings which ultimate guide and shape the work that we embark upon. We are in the midst of assembling the NY State HIT Strategic Plan and patient engagement is one the key elements that we look to address.

So, thank you for the opportunity to present and discuss this set of essential and timely topics. As many of the panelists have already described; including the patient and their caregivers in the future model for the delivery of care is essential if the US healthcare system is going to develop the efficiencies and scale necessary to meet the increased demand placed on it by the aging population and the dramatic increase in chronic disease.

Patient Engagement

To begin to talk about the incorporation of patient-generated data into the meaningful use rulings, I would first like to describe a well known and somewhat simplistic segmentation of the population and then discuss some of the considerations that might be addressed by the Policy Committee as it deliberates on consumer engagement.

As we have known for a number of years now, our population of healthcare consumers can be divided into two simplistic segments; the “well” and the “chronic”. Those that are “well” account for roughly 80% of the population and approximately 20% of the total expenditure on health care. Those that are “chronic” account for roughly 20% of the population and approximately 80% of the health care spend. Obviously, these two different segments of healthcare consumers have different needs from their healthcare system.

Generally speaking the “well” are infrequent users of specialty care and hospitals, and predominately see their primary care physician for the occasional virus or sprain and yearly screenings (if they have healthcare insurance). They don’t have a number of different physicians attending to a variety of ailments and therefore the need for care collaboration by their provider group is low. Their healthcare provider’s goal is mostly prevention through promotion of a healthy lifestyle, early detection through screenings, and management of potential risk factors (smoking, diet, activity level).

The “chronic” are very frequent users of primary care, specialty care, hospitals, and a wide range of diagnostic tools - labs and imaging. Their disease or diseases require daily adherence to a treatment plan which includes the management of multiple medications, monitoring of vital signs, monitoring of labs and frequently, the collaboration of treatment plans across multiple healthcare providers. The healthcare provider’s goals with these patients are frequently measured through compliance with the treatment plan with evidence provided via feedback from the patient and through periodic labs and vital sign measurements.

Obviously these are simplistic segmentations and there is a continuum of patients inbetween, but they serve the purpose of potentially describing two different types of healthcare consumer engagement.

Individuals that are “chronic” have a large volume of healthcare data created by both their healthcare providers and by the patient while outside of the physician office. The “chronic” patient needs to have physical access to their health data to facilitate care coordination across providers and they benefit from an engagement model that provides them with frequent feedback that indicates whether they are in or out of adherence to their treatment plan. Health data that a “chronic” patient generates is likely to be data that a common EHR system already has the

capability of managing and health providers have evidence based protocols to compare against; blood pressure, weight, glucose, pulse ox, and treatment plan adherence.

Individuals that are “well” have less healthcare data created by their providers, are less likely to create their own healthcare data, and may see the most benefit from an engagement model that is focused on yearly adherence to health screenings and risk factor mitigation (health risk assessment, education, diet/exercise). Timely health screenings have shown clear benefit for early detection of major diseases and have proven to improve outcomes and reduce treatment costs.

The differences in these two consumer engagement models are important to recognize and could potentially be used to help define meaningful use criteria. Clearly there are a lot of benefits in addressing HIT issues around “chronic” patient engagement and workflow, but unless we also address “well” consumer engagement, our “chronic” population will continue to grow.

Identify the Source of the Data

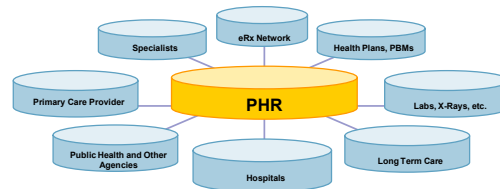
As many are aware, the Continua Health Alliance has been actively coordinating the development of standards for personal health devices and the personal health services that use these devices for several years. I had the privilege of leading Continua during its first three years and through the development of the Version One Guidelines. These Guidelines have been available for over a year and there are a half dozen Continua Certified Devices available on the market today. The Guidelines were developed through the collaboration of over 200 healthcare and technology companies from across the globe. One of the key elements of success in the collaboration of the standards was the early acknowledgement that any data generated by a patient in their home needed to be identified as such and the device that it was created with also needed to be identified as being an FDA certified device if applicable. It was recognized that in order to provide physicians with the ability to determine how best to utilize home based patient generated data, the physician needed to have enough information to judge the quality of the data using whatever criteria would be applicable at the time. And the quality of the data was seen as being affected by the quality of the device measuring the data (FDA certified or consumer grade) and the person using the device (consumer or healthcare professional). I would like to say that after we identified this set of requirements, the rest was easy, but we made significant strides in gaining physician trust in home/patient based data collection by simply providing identification to the data. These identifiers pass from the device all the way up through the Continua standards to the EHR/PHR level of usage.

Personal Health Record Strategy is Not Clear

Multiple Approaches to Patient Engagement

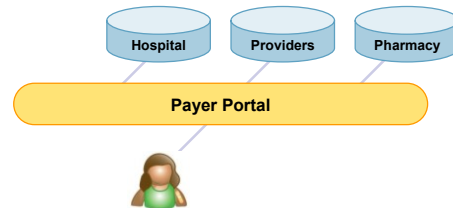
Un-tethered PHRs

- Google, Microsoft, Dossia, WebMD
- "Life long" – tries to replicate home file system
- Requires work to collect data from providers
- Traction with wellness, cancer, and chronic



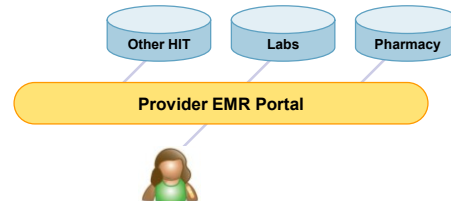
Tethered to Payer

- Insurance providers offer portals to reduce support costs and to drive "stickiness"
- No longevity, consumers change insurance every 3 yrs
- Comprehensive, all health provider data in one place
- Predominately used by consumer to understand healthcare spending for budgeting & HSA



Tethered to Provider

- Most major EMRs have a "patient portal"
- Larger providers using portal to reduce admin costs and to drive consumer "stickiness"
- No integration between providers – each portal is separate & different



Role of Patient-Generated Data - Evidence

There is a growing body of evidence from different healthcare providers across America who have been pioneers in the usage of home telehealth or remote patient monitoring (RPM) technologies. The Veterans Administration is a world leader in this field and has published data demonstrating significant cost savings as well as high patient satisfaction. These systems walk the patient through their treatment plan in their own home including the daily collection of vital signs. The data from the home system is transmitted to a central system that helps home health agencies better manage their patients by focusing resources on the patients that require additional support.

TELEMEDICINE and e-HEALTH DECEMBER 2008: *“Routine analysis of data obtained for quality and performance purposes from a cohort of 17,025 CCHT (Care Coordination / Home Telehealth) patients shows the benefits of a 25% reduction in numbers of bed days of care, 19% reduction in numbers of hospital admissions, and mean satisfaction score rating of 86% after enrolment into the program. The cost of CCHT is \$1,600 per patient per annum, substantially less than other non-institutional care programs and nursing home care. VHA’s experience is that an enterprise-wide home telehealth implementation is an appropriate and cost-effective way of managing chronic care patients in both urban and rural settings.” ... “CCHT involves the systematic implementation of health informatics, home telehealth, and disease management technologies. It helps patients live independently at home.”*

Adam Darkins, M.D., Patricia Ryan, R.N., M.S., Rita Kobb, M.N., A.P.R.N., Linda Foster, M.S.N., R.N., Ellen Edmonson, R.N., M.P.H., Bonnie Wakefield, Ph.D., R.N., and Anne E. Lancaster, B.Sc.

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Obviously a large integrated delivery network like the VA is difficult to compare with other communities, but there are many aspects of the care coordination and patient engagement models that are applicable regardless of the environment.

Recommendations for Meaningful Use Criteria for 2013 and 2015

1. Recommend the mandatory adoption of the standards and guidelines identified by the Continua Health Alliance in the Continua Version One Guidelines. These Guidelines specifically identify a collection of open industry standards to carry data from a personal medical device (blood pressure cuff, weight scale, pulse oximeter, spirometer, etc.) to a personal health hub (PC, cell phone, dedicated health appliance) and then between a associated health service and an EHR or PHR. Adoption of these standards will reduce the complexity of connecting home health services with EHR/PHRs and increase the collaboration of care between provider organizations.
2. Recommend to include in the Meaningful Use Criteria for Stage 2 or Stage 3 a requirement for primary care physicians to maintain electronic health records on preventative health screenings and yearly health risk assessments for all patients. Move towards reporting on population adherence to screenings and health risk assessments and national health campaigns.
3. Allow the PHR market to continue to innovate and grow.